	Form 3811, August 2001 Domesti	
	(Transfer from Carrier abov)	01-541
2.	Article Numbs 7002 0860	0000 1409 1804 Watson #76
		4. Restricted Delivery? (Extra Fee)
		☐ Registered ☐ Return Receipt for Merchandise☐ Insured Mail ☐ C.O.D.
	Ironton, OH 45638	Gertified Mail
	c/o 1739 Kevin Street	3. Service Type
	Buford F Houck	
	- . <u></u> -	- [[
,	Viting Variage May	If YES, enter delivery address below: No
_	Article Addressed to:	D. Is delivery address different from item 1? Yes
	Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery
-	Print your name and address on the reverse so that we can return the card to you.	Addressee
	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Signature
	ENDER: COMPLETE THIS SECTION 0054	1-MRB-TSB Document 76-4 Filed